

## Journal of Family Strengths

Volume 14 | Issue 1

Article 19

12-31-2014

# Mentoring Moms: The critical health and safety needs of pregnant offenders in the Harris County Sherriff's Office reentry program.

Judith A. Harris PhD

*University of Houston - Downtown*, [harrisjud@uhd.edu](mailto:harrisjud@uhd.edu)

Jennifer Herring MSW

*County Sherriff's Office Reentry Program*

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/jfs>

### Recommended Citation

Harris, Judith A. PhD and Herring, Jennifer MSW (2014) "Mentoring Moms: The critical health and safety needs of pregnant offenders in the Harris County Sherriff's Office reentry program.," *Journal of Family Strengths*: Vol. 14: Iss. 1, Article 19.

Available at: <http://digitalcommons.library.tmc.edu/jfs/vol14/iss1/19>

The *Journal of Family Strengths* is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact [digitalcommons@exch.library.tmc.edu](mailto:digitalcommons@exch.library.tmc.edu)



This perspective from the field examines the academic relationship between community and service. The collaborative effort between the Senior Seminar at the University of Houston Downtown (UHD) and the Harris County Sheriff's Office (HCSO) jail reentry program officially began in August 2013. The partnership between UHD and the HCSO reentry program is a unique reciprocal relationship that has and will provide employment opportunities.

On any given day the Harris County Jail (HCJ) population averages 9,000 inmates. Unlike offenders who serve their time in prison, jail is a transient institution. Most spend two to five days in jail, until a bond is posted. Others, who are serving time for lesser offenses, or waiting for a transfer to prison to serve a longer sentence, may spend up to one year or more in the jail.

### **Reentry Programming**

A successful reentry program allows incarcerated individuals to maintain positive social connections to the community, improve emotional well-being, address personal problems and deter them from future criminal actions (Bowman & Travis, 2012). Bahr, Harris, Fisher, and Armstrong (2010) analyzed predictors of successful reentry. They found substance abuse treatment, employment opportunities, and intact family and social bonds to be important predictors of successful reentry into society. Bahr and colleagues concluded that a reentry program was successful only if it was provided with resources adequate to meet participants' needs and utilize their strengths.

There is a need for quality programs geared to help individuals transition back into society and become functioning citizens (Bowman & Travis, 2012). If effective reentry plans are created, released inmates are more likely to make successful post-release adjustments. Because re-incarceration usually occurs within the first year after discharge, this is a critical time frame (Matusitz & Breen, 2013).

To facilitate successful reentry, the Harris County Sheriff's Office has created several reentry programs for Harris County jail inmates. The HCSO Reentry Program mission statement is explained as follows:

The key to a reentry successful reentry process is to connect, collaborate, and build a continuum with strong communication partners; transitioning people back into communities better than they were before they were incarcerated (Harris County Sheriff's Office, 2014).

Reentry programs have shown to be promising for a number of reasons, including those detailed above. Such programs provide an opportunity to shape and correct released inmates' behaviors while simultaneously returning them to the community, contributing to lower recidivism rates (Lowenkamp & Latessa, 2005).

According to Latessa (2012), reentry occurs in three stages: Phase One begins upon the inmate's arrival to the correctional facility. During this stage it is the institution's responsibility to identify and treat the inmate's needs and problems that contributed to offending behaviors. In Phase Two, inmates are released from the correctional institution. Ideally the individual is required to continue with interventions begun while in prison. Programs that lack this structure generally have inmates who are more likely to engage in future criminal activity (i.e., recidivate). Finally, in Phase Three individuals are placed in aftercare, meaning that released inmates continue to receive ongoing support and services that address new or ongoing needs, further reducing the probability of recidivism.

Research indicates that incarcerated women have specific needs that necessitate differential treatment from their male counterparts (Ney, Ramirez, & Van Dielen, 2012), but programs that specifically address those differences are rare. However, until very recently, women in prison have been an understudied and underserved, but vulnerable, population.

Female inmates, especially those who are pregnant, often have substance abuse problems. It is also likely to co-occur with domestic violence issues. Taken together, these issues are often debilitating and must be addressed immediately upon incarceration to facilitate an eventual successful re-integration. Some female inmates are post-partum and have experienced marked parenting problems, some of which are sufficiently severe enough to require child welfare intervention.

## **Mentoring Moms**

The Harris County Sheriff's Office is attempting to address these concerns by instituting a variety of unique programs, one of which is the Mentoring Moms program. The Sheriff's Office Re-entry Program team selects qualified pregnant and post-partum inmates for the Mentoring Moms program and houses them together. At any given time, the Harris County jail houses approximately 100 pregnant inmates, many of whom are experiencing major depressive episodes and substance abuse problems. In part as a result of limited resources, Mentoring Moms has fairly rigorous admissions criteria including:

- Currently pregnant or has had a child in the past three years
- No current child welfare involvement
- The inmate has expressed an interest in the program
- The inmate is classified as medium, or lesser risk, according to the HCSO inmate classification section, "*Initial Custody Assessment Scale*" as promulgated by the *Texas Commission on Jail Standards* (Texas Commission on Jail Standards (n.d.))

Limited resources keep the capacity of the program to approximately 30. The program is a 60-90 day holistic, strengths-based program designed to provide women with resources and support while incarcerated, and have a healthy transition for mother and child back into the community. The clients are drawn from court ordered referrals, jail classification, jail medical operations, Mental Health and Mental Retardation Authority (MHMRA) and from family and friends. Each inmate is required to follow the goal of a behavioral contract and the scheduled daily program provided by community partners. Program goals include:

- Successful completion of the 90 day program
- Transition in treatment and/or therapy, and/or safe housing
- While in treatment or when completed, receive skills/training, education, workforce development, and GED
- Obtain employment
- Live self-sufficiently, accomplishing goals identified for themselves in the program

Services are provided at no cost to the inmate or the Sheriff's Office. The program and team is paid for from inmate commissary profits. The case managers oversee sessions with volunteer mentors, some of whom are Senior Seminar social work students from the University of Houston Downtown (UHD). The reentry team and community and student volunteers are charged with completing assessments, developing discharge plans, collaborating with other community partners for transition planning, and identifying community resources available once the inmate is released. Reentry court liaisons track the inmates' court hearings and foster consistent communication among the case management team, program manager, program director, attorney(s), probation and parole officers, judges and the court staff. For example, and in line with prior needs research, a key agency, to which participants are referred for workforce development, is the local Goodwill office.

Because the HCSO reentry program is in the first stages of implementation, the initial priority is to track recidivism rates of program participants and graduates as this is a key outcome the program will be

evaluated by policymakers. To date, 149 women have completed the program with only six being re-arrested. This yields a 4% recidivism rate. However, many participants are still in the high-risk for recidivism period of one year post-completion.

In order to efficiently collect the necessary data to track recidivism rates, a collection tool like the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is used. COMPAS is a risk assessment tool for criminal offenders that is instrumental in assessing risk factors, as well as identifying inmates who will benefit from the Mentoring Moms program (Blomberg, Bales, Mann, Meldrum, & Nedelec, 2010). Currently, COMPAS is only being used to track recidivism rates. Other variables will be introduced to provide quantitative data for future research. According to Bloomberg, et al. (2010), the use of standardized risk assessment tools such as the Level of Service/Case Management Inventory (LS/CMI), COMPAS, and the Correctional Assessment and Intervention System (CAIS) can also enhance this process. Further evaluation and outcome research will be completed as these new data points become available.

As suggested by Lorenzen and Bracy (2011), there is a need for trained public health professionals who understand the complexity of drug dependence as well as, physical and mental abuse, and the effect these have on inmates who are pregnant. It was found that women released from incarceration are in need of positive social support more than any other demographic (Scroggins & Malley, 2010). That is, if pregnant or newly post-partum women develop basic life skills, and address mental health and substance use problems before their release, the risk of re-incarceration may be lowered. Mentoring Moms program staffs are now in a position to collaborate with various community health professionals to provide social support for all life issues.

### **Service Learning Collaboration**

Case managers are an essential component for the Mentoring Moms program to be successful. The service learning aspect of incorporating Senior Seminar UHD students into the HCSO Re-entry program provides an opportunity for the student to incorporate their academic discipline in hands-on training that otherwise would not be available to them. Likewise, HCSO is presented each semester with a group of students who are eager to learn the intricacies of working in a new and innovative jail re-entry program. The students are responsible for research, volunteering, and learning to be case managers.

Senior Seminar students from UHD work under the supervision of licensed case workers conducting assessments and managing inmate goals. This is where the ability to impact the synergy of institutional community engagement and student success becomes invaluable. The vision for change is multi-dimensional and uniquely reflected in the HCSO Reentry program and the UHD senior seminar class. Within this framework each student can create their own academic experience and create their own best practice. Furthermore, this service learning opportunity has provided an opportunity to integrate campus and community into an established curriculum. There is now a cadre of agency partners who enthusiastically embrace the collaboration of Harris County Jail practitioners and criminal justice students at the University of Houston Downtown. The partnership between UHD and the HCSO reentry program is a refreshing reciprocal partnership, which will provide employment opportunities, and grant activity for both institutions. To date, three Senior Seminar students now have fulltime employment with the HCSO Re-entry program and one is a case manager for the Texas Department of Criminal Justice (TDCJ).

All students have the opportunity to work with the various components of the HCSO Re-entry program. However, student participation within the jail is restricted. Each student is assigned to an inmate group, pod, or tank. Trained personnel lead all group discussions and oversee each group for content. Students who participate do so under HCSO guidelines. While the course academic framework is well-established, we have to be flexible to the needs of the jail community and the many agency groups with whom we are working.

### **A student perspective: Mentoring Moms**

Following is a quote from Heide Laser, Senior Seminar class: Spring 2014, and UHD graduate May, 2014. Ms. Laser is now a fulltime case manager in the HCSO Re-entry program.

---

“My duty as a case manager is to assess and design a service plan for each client that will connect them to community-based resources depending on her individual needs. I assist my clients with accessing job skills training, workforce development, and employment connections as well as housing resources, basic needs, and medical services. My clients receive education on life skills, parenting, and budgeting as well as referrals to mental

health and substance abuse services. Additionally, I ensure that she will have transportation from the jail to transitional housing. Finally, I provide support while the client is in court as a court liaison and communicate recommendations to the courtroom workgroup. Each day, I utilize what I know about my clients' needs and work with them to fill the gap between the essentials that they have been living without. While helping my clients to fulfill their needs, I have unearthed a new perspective on my own self-awareness; I have discovered that I truly enjoy helping others."

---

**Conclusion** Mentoring Moms is a valuable collaborative effort. First, it relies on an evidence-informed approach to preventing recidivism among a vulnerable group of persons (i.e., pregnant and new mothers). Second, it brings together resources from the criminal justice system, higher education, and community organizations to provide resources and services to clients. Third, it addresses a greater need for higher education to not only prepare future practitioners for professional practice, but also to support students in entering a challenging field (corrections) that has a significant need for well-educated, well-trained workers. While initial results are promising, further research is planned to evaluate outcomes and understand change processes.

## References

- Bahr, S. J., Harris, L., Fisher, J. K., & Armstrong, A. H. (2010). Successful Re-entry: What differentiates successful and unsuccessful parolees? *International Journal of Offender Therapy and Comparative Criminology*, 54(5), 667-692.
- Blomberg, T., Bales, W., Mann, K., Meldrum, R., & Nedelec, J. (2010). *Validation of the Compas risk assessment classification instrument*. Tallahassee, FL: Center for Criminology and Public Policy Research; College of Criminology and Criminal Justice, Florida State University.
- Bowman, S. W., & Travis, R., Jr. (2012). Prisoner Re-entry and recidivism according to the formerly incarcerated and Re-entry service providers: A verbal behavior approach. *Behavior Analyst Today*, 13(3/4), 9-19.
- Harris County Sheriff's Office. (2014). HCSO Re-entry Program Mission Statement.
- Hirschinger-Blank, N. B., Simons, L., & Kenyon, A. (2009). An evaluation of a service-learning model for criminal justice undergraduate students. *Journal of Experimental Education*, 32(1), 61-68.
- Latessa, E. (2012). Why work is important, and how to improve the effectiveness of correctional Re-entry programs that target employment. *Criminology & Public policy*, 11(1), 87-91.
- Listwan, S. J., Cullen, F. T., & Latessa, E. J. (2006). How to prevent prisoner Re-entry programs from failing: Insights from evidence-based corrections. *Federal Probation*, 70(3), 19-25.
- Lorenzen, D., & Bracy, K. (2011). MOMS Plus: A public health program for substance using pregnant inmate in an urban jail. *Journal of Correctional Health Care*, 17(3), 233-240.
- Lowenkamp, C. T., & Latessa, E. J. (2005). Developing successful Re-entry programs: Lessons learned from "what works" research. *Corrections Today*, 67(2), 72-77.
- Matusitz, J., & Breen, G. M. (2013). Applying inoculation theory to the study of recidivism reduction in criminal prison inmates. *Journal of Evidence-Based Social Work*, 10(5), 455-465.
- Mertens, D. J. (2000). Pregnancy outcomes of inmates in a large county jail setting. *Public Health Nursing*, 7(1), 105-125.
- Ney, B., Ramirez, R., & Van Dieten, M. (2012). *Ten truths that matter when working with justice involved women*. Silver Springs, MD: National Resource Center on Justice Involved Women. Retrieved August 14, 2014, from [http://cjinvolvedwomen.org/sites/all/documents/Ten\\_Truths.pdf](http://cjinvolvedwomen.org/sites/all/documents/Ten_Truths.pdf)



- O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Ha Annual Review of Clinical Psychology*, 9, 379-407.
- Scroggins, J. R., & Malley, S. (2010). Re-entry and the (unmet) needs of women. *Journal of Offender Rehabilitation*, 49(2), 146-163.
- Texas Commission on Jail Standards. (n.d.). *Objective Jail Classification*. Austin, TX: State of Texas. <http://www.tcjs.state.tx.us>